Processing and storing of safeguarding information in primary care

This guidance covers both adults and children.

BASIC PRINCIPLES:

The coding and documentation of safeguarding information on a patient's record is as important as the coding and documentation of any other significant medical issue such as cancer, diabetes, depression or learning disability for example.

Safeguarding information needs to be immediately obvious on a patient's notes to all health practitioners* who may access those medical notes for the purposes of direct patient care.

Suffering abuse or neglect is as threatening to the health and well-being of a patient as other major medical conditions are and therefore should be treated in the same manner. By coding and documenting this in the same way as we do other medical conditions, we highlight patients who are vulnerable and who are at risk which enables us to offer appropriate support.

*Health Practitioners may include GPs, practice nursing staff and health care assistants, locums (GPs or nursing staff), trainees (for example FY2s, GP registrars), A+E staff, GP OOH staff, midwives, health visitors and school nurses.

ALL primary care staff (clinical, secretarial, and administrative) have an ***equally important role*** in ensuring safeguarding information is stored correctly on medical records.

Information coming into the practice

This can include:

- Invitations to strategy meetings, Child Protection Conferences, Adult Safeguarding Conferences
- Child Protection Conference Reports
- Adult Safeguarding Conference reports
- Referrals to children's or adult social care made by primary care staff
- Safeguarding information held within patient's notes who are new to the practice which is identified by administrative staff when summarising these notes
- MARAC minutes
- MAPPA minutes
- Channel Panel minutes

Each practice will have their own unique way of how they handle information coming into the practice. However, it is good practice to have a small team of staff who deal with all of the safeguarding information to ensure consistency.

It is ideal to have one administrative person within the practice who is responsible for, or the overseeing of, the coding and summarising of new notes coming into the practice and who codes all the incoming safeguarding information. This staff member should work closely with the Practice Safeguarding Lead.

It is important that all* safeguarding information is coded as **Major Active Problems** so that all health professionals can be immediately aware when they access notes that this child/family/adult has particular vulnerabilities.

When coding and recording any safeguarding information, good questions to ask yourself are:

1. **Would someone who doesn't know this family, e.g. a locum, be instantly aware from first glance at the notes/Summary Care Record that there are safeguarding concerns for this child/family/adult?**

2. **Would a member of the administrative team who is printing out a complete set of this patient's notes for an insurance company be instantly aware that there is sensitive safeguarding information that needs to be redacted?**
    a. E.g. Child Protection Conference Reports or MARAC information – these DO NOT BELONG TO PRIMARY CARE and therefore primary care do not have authorisation to share these notes with anyone.
    b. This also applies to safeguarding information held in consultation notes or 3rd party references.

3. **If this patient moved practice, would the new primary care team be able to instantly identify from the summary that there are safeguarding concerns?**

If your answer is 'no' to any of these questions then you may need to rethink how that information is currently recorded.

Domestic violence and abuse and MARAC

Specific guidance around coding of domestic violence and abuse and MARAC information is dealt with in separate documents within the RCGP Adult Safeguarding Toolkit.

Specific situations

CHILDREN

The following groups of people need appropriate codes added to their notes as Major Active Problems:

A child (born or unborn) on a Child Protection plan

A short note should also be added as to what category they are on a plan for i.e. Emotional Abuse, Sexual Abuse, Physical Abuse, and Neglect. If the child is not yet born, something should be added to the mother's notes and then added to the child's once born.

When a child is taken off a Child Protection Plan the appropriate code needs to be added as a Major Active Problem.

Siblings

It is often the case that all siblings in the family are also on the same Child Protection Plan so will have this information coded on their notes. However, if the siblings are not on a Child Protection Plan they also need appropriate codes on their notes as a Major Active Problem also.

A short note should be added as to who the sibling is that is on a Child Protection Plan (name, D.O.B) and what category they are on a plan for.

Parents/Step-parents of children on a Child Protection Plan

Parents/Step-parents or any other adult living in that household also need a code on their notes as a Major Active Problem.

Again, a short note should be added with the name of the children and the DOBs and what category they are on a plan for.

Child Protection Case Conference invitations and reports

Child Protection Case Conference invitations and reports should generally be scanned into ALL the notes of the family/household members – there will be some exceptions to this which need to be judged on a case by case basis.

Recording family groups/relationships

It is very important that where possible family/household members are linked on the Medical Records. This aids practitioners to be able to see *'the child behind the adult'* and *'the adult behind the child'*.

Child in Need

Any child who is classed as a 'child in need' also needs appropriate coding as a Major Active Problem.

Looked After Children

The following groups of people need codes added to their notes as Major Active Problems:

- Children who are Looked After/ Child in Care / Fostered.
- Parents/carers who have had their child removed from them or their child is being looked after / child in care / fostered.
- Siblings of the child who is being looked after / child in care / fostered but they themselves are not looked after.
- Adults who are the Foster Parents.
- Other children/adults in the household where the Looked After Child resides.

In each of the above situations a short note should be added with the code to give details of name, DOB of child who has been looked after / fostered.

When a child is no longer Looked After, the appropriate code needs to be added to their notes (this can happen when either the child is returned to their parents or the child turns 18 years old).

‘Was not brought’

It is important to make the distinction between ‘Did Not Attend (DNA)’ and ‘Was not brought’. Generally, children, and indeed many adults with care and support needs, need to be brought to health appointments by their caregivers (the exception to this would be teenagers who may have made the appointment themselves). Therefore, they cannot ‘*not attend*’ an appointment and should be coded as ‘not brought’ rather than ‘did not attend’.
This changes how we action any follow up from these missed appointments. Not being brought to an appointment can be a sign of neglect or that the family/caregivers are struggling in some way. Each practice should have a policy of how these missed appointments are actioned.

ADULTS

Adult Safeguarding Information

There are fewer codes available to use to record adult safeguarding information compared with children’s safeguarding information but an appropriate code should be added for any adults for which there are safeguarding concerns.

Consideration should be given to other adults/children in the household/family of the adult for whom there are safeguarding concerns, as to whether something should be recorded in their notes also – this will need to be done on a case-by-case basis.

Adult Safeguarding Conference Invitations and Reports

These should be added onto the patient notes and consideration given as to whether they should be scanned onto any other patient’s notes e.g. family members, children, partners or whether a short summary should be added.

Information gained through consultations or from other professionals

For clinicians

Through the course of a consultation you may become aware of safeguarding concerns from information given by the patient, or you may be contacted by third parties e.g. family members with concerns, other professionals with concerns e.g. social workers, other health professionals.

It is important that this information is recorded and coded in the notes in the same way as safeguarding information coming into the practice.

Consideration needs to be given to whether it is appropriate to record the information in other patient’s notes such as family members.

Drug and alcohol problems and mental health problems/learning disabilities

It is important to remember ‘*the child behind the adult*’ and ‘*the adult behind the child*’
If you are aware that a parent/carer/household member has a drug/alcohol problem or significant mental health problem (including learning disabilities) it needs to be considered whether that information should be recorded in their child’s notes (or equally any vulnerable adult within the household). A code should also be added to parents/carers of children/vulnerable adults with learning disabilities.

Processing / storing of safeguarding information in primary care – codes

The codes below are a selection of possible EMIS/SYSTMONE codes to use in safeguarding (there are other clinical IT systems in use within the UK which will have similar

codes). It is hoped that by practices using similar codes it will facilitate easier identification of safeguarding concerns for staff who may work in multiple practices, and for when patients transfer surgeries locally.

The following three tables (Adult, Children, Other) show codes which should be used for coding safeguarding information in the patient's electronic record.

ADULTS	EMIS	SYSTMONE
Adult Safeguarding Concern	9Ngj	XaXP4
Adult no longer safeguarding concern	9Ngk	XaXP7
Safeguarding adults protection plan agreed	8CSC	XabzB
Vulnerable adult	133P	XaKXv
Adult no longer vulnerable	13IU	XaX97
Referral to Safeguarding Adults Team	8Hkc	XaQok
DOMESTIC ABUSE		
History of Domestic Abuse	14XD	XaN21
SEXUAL EXPLOITATION		
At risk of sexual exploitation	13VX	XabRV
Victim of sexual Exploitation	14XH	XaXrY
CAPACITY		
Lacks capacity to give consent (MCA 2005)	9NdL	XaPpE
Lacks Mental Capacity to make decision (MCA 2005)	2JR	XaXvr
IMCA instructed	9Ng6	XaP9k
DoLS		
Subject to DoLS	-	Xafhr
Standard Authorization DoL given	9NgzG	-
No longer subject to DoLS	9NgzW	XaeYf
MAPPA		
Subject of Multi-agency Public Protection Arrangements	13Hl-1	XaQGW
MODERN SLAVERY		
Victim of modern slavery	14XL	Xaerb

CHILDREN		EMIS	SYSTMONE
CHILD PROTECTION			
Unborn child subject to child protection plan		13Iv0	XaYs9
Subject to a child protection plan		13Iv	Xa0nx
Child removed from protection register		13I0	13I0
Family member subject to a child protection plan		13Iy	XaPkF
Family member no longer on child protection register		13IPO	XaeDf
Child Protection Category	Neglect	13WT4	XaYLy
	Physical	13WT2	XaYM2
	Sexual	13WT3	XaYLz
	Emotional	13WT1	XaYM1
CHILD IN NEED			
Child in Need		13IS	XaI08
Child no Longer in Need		13IT	XaI07
LOOKED AFTER CHILDREN			
Looked after Child		13IB1	XaXLt
No longer subject to looked after child arrangement		9NgF	XaXMD
Own child has been fostered		8GE71	8GE71
Approved Foster Parent		133N	XaF0D
Member of foster family		No code	Ua0Hw
FGM			
History of FGM		K578	Xab25
Family History of FGM		12b	Xab24
WAS NOT BROUGHT			
Child not brought to appointment		9Nz1	Xab0Q
DOMESTIC ABUSE			
History of Domestic Abuse		14XD	XaN21
Child Sexual Exploitation (CSE)			
Victim of CSE		14XH	XabTv
At risk of sexual exploitation		13VX	XabRV
Victim of sexual exploitation		14XH	XaXrY
MISCELLANEOUS CODES			
Child is cause for safeguarding concern		13WX	XaZJs
Family is cause for concern		13Ip	Ub1Go
Referral to safeguarding childrens team		8Hkh	XaXIf
Child at risk		13IF	13IF
Vulnerable child in family		13IF-1	13IQ
Vulnerable family		13Iq	XaNPt

OTHER CODES	EMIS	SYSTMONE
CASE CONFERENCES		
If attended a conference for adults or children use the 2 codes below:		
Initial Case Conference	387A	XaXH9
Review Case Conference	3879	XaXHB
Child protection conference report submitted	9Eq	Xaedm
Conference Report (when filing the report)	9Ee01	XaX2k
DRUG / ALCOHOL MISUSE		
Family history of alcohol misuse	12X0	XaN28
FH: Drug Dependence	1283	1283
MENTAL HEALTH / LEARNING DISABILITY		
Family history of mental disorder	ZV1A	128
Maternal Postnatal Depression	12K8	Xaeft
Paternal / Maternal learning disability	12L5/12K6	Xaec5 / Xaec7
Family history of learning disability	12W1	XM1Je
Carer of a person with learning disability	918W	XaKBe
Parent of	133E	133E
HOMELESS		
Homeless	13D-1	Xa8O5
Homeless Family	13D1	13D1
MARAC		
Subject of MARAC	13Hm	XaX96
Referral to MARAC	8T0b	Xacv1
PREVENT		
No specific codes available yet for either system – suggest use ‘Adult Safeguarding concern’ or ‘Child is cause for safeguarding concern’ (codes above)		